

5101:3-3-02

8

medicaid program.

- (G) ODJFS may terminate, suspend, not enter into, or not renew, the provider agreement upon thirty days written notice to the provider for violations of Chapter 5111. of the Revised Code; Chapters 5101:3-1 and 5101:3-3 of the Administrative Code; and if applicable, subject to Chapter 119. of the Revised Code.
- (H) Any NF or ICF-MR violating provisions defined in paragraphs (B)(7) and (B)(8) of this rule will be subject to a penalty in accordance with provisions of section 5111.99 of the Revised Code.
- (I) The CDJFS shall use the "facility/CDJFS transmittal" (JFS 09401) to inform the NFs and ICFs-MR of any information regarding a specific individual necessary for maintenance of current and accurate payment records at the CDJFS and the facility.
- (J) Exclusions.

The provisions of paragraphs (B)(7) and (B)(8) of this rule do not require an individual to be admitted or retained at the NF or ICF-MR if the individual meets one of the following:

- (1) The individual requires a level of care or range of services that the NF or ICF-MR is not certified or otherwise qualified to provide; or
- (2) The individual has a medicaid application in pending status and meets the definition of "failure to pay" in this rule.

TN #03-013 APPROVAL DATE MAY 03 2003
SUPERSEDES
TN #01-012 EFFECTIVE DATE 07/01/03

5101:3-3-02

9

Effective: 07/01/2003

R.C. 119.032 review dates: 04/15/2003 and 07/01/2008

CERTIFIED ELECTRONICALLY

Certification

06/20/2003

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.22,
5111.31, 3721.13
Prior Effective Dates: 7/3/80, 7/7/80, 9/1/82,
11/10/83, 1/30/85 (Emer.),
7/1/85, 8/1/87, 9/30/87
(Emer.), 12/28/87, 3/30/88,
1/1/95, 7/1/97, 9/30/01

TN #03-013 APPROVAL DATE MAY 03 2004
SUPERSEDES
TN #01-012 EFFECTIVE DATE 07/01/03

5101:3-3-02.3

Eligible providers and provider types.

- (A) Services may only be provided by the nursing facility (NF), intermediate care facility for the mentally retarded (ICF-MR), or another institution which is certified by the Ohio department of health (ODH) and which has a provider agreement with the Ohio department of jobs and family services (ODJFS).
- (B) The types of certified facilities which may participate in the medicaid program are:
- (1) General nursing facilities (NFs); and
 - (2) Intermediate care facilities for the mentally retarded/developmentally disabled (ICFs-MR/DD); and
 - (3) Medicare skilled nursing facilities (SNFs); and
 - (4) Medicare skilled nursing and nursing facilities (SNFs/NFs).
- (C) All beds, in a participating facility, except those beds added between July 1, 1987 and July 1, 1993, must be surveyed to determine compliance with the applicable certification standards and, if certifiable, included in the provider agreement under one of the certification categories listed in paragraph (B) of this rule. Certification of noncompliance by ODH is the only basis for a nonparticipating area (distinct part) of a facility.
- (1) Participating facilities may request certification as NFs. All beds which meet NF standards shall be certified as meeting NF standards. Once beds are added to the NF provider agreement, those certified beds may not be removed unless the facility withdraws completely from the medical assistance program. NF beds added between July 1, 1987 and July 1, 1993, may be surveyed for compliance at the discretion of the provider.
 - (2) Participating facilities may request certification as ICFs-MR/DD. All beds which meet ICF-MR/DD standards shall be certified as meeting ICF-MR/DD standards.
 - (3) Participating facilities may request certification as a SNF or SNF-NF. If such beds do not meet the standards for SNF care but do meet the standards for NF care, they shall be certified as meeting the standards for NF care.
 - (4) Participating facilities shall have all medicare skilled nursing beds certified under medicaid and included in the medicaid provider agreement.

TN #03-013 APPROVAL DATE MAY 03 2004

SUPERSEDES print date: 03/08/2004 03:56 PM

TN #00-010 EFFECTIVE DATE 07/01/03

5101:3-3-02.3

2

- (D) Distinct parts of a facility may be designated at different certification levels as long as the distinct part designation is approved in writing by ODH.

TN #03-013 APPROVAL DATE MAY 03 2004
SUPERSEDES
TN #00-010 EFFECTIVE DATE 07/01/03

5101:3-3-02.3

3

Effective: 07/01/2003

R.C. 119.032 review dates: 04/15/2003 and 07/01/2008

CERTIFIED ELECTRONICALLY

Certification

06/20/2003

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.27,
5111.29
Prior Effective Dates: 4/7/77, 7/1/80, 8/1/82,
1/30/85 (Emer.), 6/1/85,
9/30/87 (Emer.), 9/30/93
(Emer.), 1/1/94, 7/1/00

TN #03-013 APPROVAL DATE MAY 02 2003
SUPERSEDES
TN #00-010 EFFECTIVE DATE 07/01/03

5101:3-3-04

Payment during the Ohio department of jobs and family services (ODJFS) administrative appeals process for denial or termination of a provider agreement.

- (A) When ODJFS is required to provide an adjudicatory hearing pursuant to Chapter 119. of the Revised Code. ~~Payment~~payment shall continue for medicaid-covered services provided to eligible residents during the appeal of, and the proposed termination or nonrenewal of, a nursing facility (NF) or an intermediate care facility for the mentally retarded (ICF-MR) provider agreement ~~when ODJFS is required to provide an adjudicatory hearing pursuant to Chapter 119. of the Revised Code.~~ Payment shall not be made under this provision for services rendered on or after the effective date of ODJFS issuance of a final order of adjudication pursuant to Chapter 119. of the Revised Code, except as provided in paragraph (B) of this rule.
- (B) Payment may be provided up to thirty days following the effective date of termination or nonrenewal of a NF or ICF-MR provider agreement; or after an administrative hearing decision that upholds the ODJFS termination or nonrenewal action. Payment will be available if both of the following conditions are met:
- (1) Residents were admitted to the NF or ICF-MR before the effective date of termination or expiration; and
 - (2) The NF or ICF-MR cooperates with the state, local, and federal entities in the effort to transfer residents to other NFs, ICFs-MR, institutions, or community programs that can meet the residents' needs.
- (C) When ODJFS acts under instructions from the United States department of health and human services, payment ends on the termination date specified by that agency.

TN #03-013 APPROVAL DATE MAY 12 2003

SUPERSEDES

TN #00-010 EFFECTIVE DATE 02/04/03

5101:3-3-04

2

Effective: 07/01/2003

R.C. 119.032 review dates: 04/15/2003 and 07/01/2008

CERTIFIED ELECTRONICALLY

Certification

06/20/2003

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.06,
5111.21
Prior Effective Dates: 3/18/88 (Emer.), 6/16/88,
1/1/95, 7/1/00

TN #03-013 APPROVAL DATE MAY 08 2003
SUPERSEDES
TN #00-010 EFFECTIVE DATE 07/01/03

Attachment 3.1A

Supplement 5

Page 1 of 2

5101:3-3-23

Private rooms for medicaid residents in nursing facilities (NFs) and intermediate-care facilities for the mentally retarded (ICFs-MR).

Medicaid will not pay more for a private room than the current medicaid per diem rate the facility is receiving ~~current per diem rate~~.

- (A) If a private room is required due to medical necessity, a NF or an ICF-MR must provide that room. Medicaid payment is considered payment in full. No supplemental payment can be requested or accepted from the resident and/or designee.
- (B) Medicaid payment is considered to be payment in full in instances when a medicaid resident is given private room accommodations and no semiprivate or ward accommodations are available. The facility may not seek supplemental payment from other sources such as the resident or the family unless a bed in semiprivate accommodations becomes available, and paragraph (C) of this rule applies.
- (C) If a bed in semiprivate accommodations is available and offered to a resident, but the resident or the responsible party specifically requests private room accommodations, the private room accommodation is considered a noncovered service.

In these instances, the facility may seek supplemental payment from the resident under the following conditions:

- (1) The supplemental payment amount shall represent no more than the difference between the NF's or ICF's-MR charge to private pay residents for semiprivate room accommodations, and the charge to private pay residents for private room accommodations; and
- (2) The charge for private room accommodations shall not include charges for services covered by the medicaid program, whether or not the medicaid payment meets the NF's or ICF's-MR cost for the per diem service; and
- (3) Both monthly and annual supplemental charges, if applicable, are to be detailed on the resident's statement of charges so that the additional cost of the private room is evident to the resident and family; and
- (4) The amount of any supplemental payment is not considered as an offset in determining the resident's liability for cost of care. All income which would otherwise be considered available to apply to the cost of care at the medicaid rate will continue to be considered available.

IN #03-013 APPROVAL DATE MAY 20 2003

SUPERSEDES

IN #00-010 EFFECTIVE DATE 07/01/03

5101:3-3-23

Effective: 07/01/2003

R.C. 119.032 review dates: 04/15/2003 and 07/01/2008

CERTIFIED ELECTRONICALLY

Certification

06/20/2003

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02
Prior Effective Dates: 9/2/82, 1/1/95, 7/1/00

TN #03-013 APPROVAL DATE MAY 11 3 2004
SUPERSEDES
TN #00-010 EFFECTIVE DATE 07/01/03